



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For Single-Measure Committees (SMC)

1. DATE OF REPORT <b>January 26, 2015</b>		2. NAME OF COMMITTEE <b>Citizens for Fiscal Sanity</b>		
2. SHORT NAME OF COMMITTEE (IF APPLICABLE) <b>voteno3.org</b>				
3. ADDRESS AND PHONE Street or Rural Route <b>1701 Sweetbriar Ave.</b>		City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37212</b>
Phone <b>615-289-1397</b>				
4. MEASURES SUPPORTED OR OPPOSED  <b>Amendment 3</b>				
5.A. NAME OF POLITICAL TREASURER <b>William W. Howell</b>			5.B. DATE APPOINTED <b>January 14, 2015</b>	
6. CATEGORY OR REPORT (Check one)				
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input checked="" type="checkbox"/> FOURTH QUARTER	<input type="checkbox"/> PRE- PRIMARY
<input type="checkbox"/> PRE- GENERAL		<input type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
7.A. BEGINNING DATE OF REPORTING PERIOD <b>October 26, 2014</b>		7.B. ENDING DATE OF REPORTING PERIOD <b>January 15, 2015</b>		
8. (Check one)				
A. <input type="checkbox"/> This committee is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.)				
B. <input checked="" type="checkbox"/> This committee is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act.				
 signature of political treasurer			<b>1/26/2015</b> date	
9. WITNESS SIGNATURE				
 signature of witness			<b>1/26/15</b> date	
10. SUMMARY				
a. BALANCE ON HAND LAST REPORT .....		\$ <u>7,008.16</u>		
b. TOTAL RECEIPTS THIS PERIOD .....		\$ <u>14.915</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD .....		\$ <u>19,234.54</u>		
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....		\$ <u>2,688.62</u>		
e. TOTAL LOANS OUTSTANDING .....		\$ <u>-0-</u>		
f. TOTAL OBLIGATIONS OUTSTANDING .....		\$ <u>-0-</u>		



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## SUMMARY PAGE - SMC

<b>11. NAME OF COMMITTEE (In Full)</b> Citizens for Fiscal Sanity	<b>12. REPORT COVERING THE PERIOD</b> FROM: 10/26/14 TO: 1/15/2015
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**RECEIPTS**

**13. CONTRIBUTIONS (other than loans and interest)**

a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 3,365

b. Itemized Contributions (over \$100 from each source this period) ..... \$ 11,550

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) ..... \$ 14,915

**14. LOANS RECEIVED THIS REPORTING PERIOD** ..... \$ -0-

**15. INTEREST RECEIVED THIS REPORTING PERIOD** ..... \$ -0-

**16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)** ..... \$ 14,915

  
**DISBURSEMENTS**

**17. EXPENDITURES (other than loan payments)**

a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) ..... \$ \_\_\_\_\_

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ 19,234.54

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..) ..... \$ 19,234.54

**18. LOAN REPAYMENTS MADE THIS PERIOD** ..... \$ -0-

**19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)** ..... \$ 19,234.54

  
**20. IN-KIND CONTRIBUTIONS**

a. Unitemized in-kind contributions (\$100 or less from each source this period) ..... \$ -0-

b. Itemized in-kind contributions (over \$100 from each source this period) ..... \$ 12,093.54

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) ..... \$ 12,093.54

  
**21. LOANS**

LOANS OUTSTANDING (must be shown in item 10.e.) ..... \$ -0-

  
**22. OBLIGATIONS**

a. Unitemized Obligations Outstanding (\$100 or less each) ..... \$ \_\_\_\_\_

b. Itemized Obligations Outstanding (Over \$100 each) ..... \$ \_\_\_\_\_

c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.) ..... \$ -0-



# ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <b>Citizens for Fiscal Sanity</b>			2. REPORT COVERING THE PERIOD FROM: <b>10/26/10</b> TO: <b>1/15/15</b>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name	M.I.	Last Name/Organization Name <b>Tennesseans for Fair Taxation</b>	Amount of Contribution	
Address <b>P. O. Box 68427</b>			\$8,100	
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37206</b>		
Occupation				
Employer				
First Name <b>David</b>	M.I.	Last Name/Organization Name <b>Fardon</b>	Amount of Contribution	
Address <b>1 Sharonwood Dr.</b>			\$250	
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37215</b>		
Occupation <b>Attorney</b>				
Employer <b>Harwell, Howard, Hyne, Gabbert &amp; Manner</b>				
First Name <b>Calvin</b>	M.I.	Last Name/Organization Name <b>Miller</b>	Amount of Contribution	
Address <b>6744 Pennywell Dr.</b>			\$200	
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37205</b>		
Occupation <b>educator</b>				
Employer <b>Vanderbilt University</b>				
First Name <b>Anne</b>	M.I.	Last Name/Organization Name <b>Mayhew</b>	Amount of Contribution	
Address <b>1400 Kenesaw Ave.</b>			\$200	
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37919</b>		
Occupation <b>retired</b>				
Employer				
First Name <b>Ann &amp; Dave</b>	M.I.	Last Name/Organization Name <b>Hake</b>	Amount of Contribution	
Address <b>3524 Timberlake Rd.</b>			\$300	
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37920</b>		
Occupation <b>Best Effort Made</b>				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS  (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				\$9,050



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity			2. REPORT COVERING THE PERIOD FROM: 10/26/14 TO: 1/15/15	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$9,050
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name Marion	M.I. R	Last Name/Organization Name Burger		Amount of Contribution  \$250
Address 116 Tamara Lane				
City Oak Ridge	State TN	Zip Code 37830		
Occupation retired				
Employer				
First Name Nellrose	M.I.	Last Name/Organization Name Levin		Amount of Contribution  \$200
Address 1611 Forrest Ave.				
City Nashville	State TN	Zip Code 37206		
Occupation Executive Director				
Employer Tennessee Alliance for Progress				
First Name Lucy & Richard	M.I.	Last Name/Organization Name Henighan		Amount of Contribution  \$250
Address 619 Mountain View				
City Seymour	State TN	Zip Code 37865		
Occupation retired				
Employer				
First Name John	M.I.	Last Name/Organization Name Noel		Amount of Contribution  \$250
Address 3810 Bedford Ave.				
City Nashville	State TN	Zip Code 37215		
Occupation CEO				
Employer Investment Real Estate				
First Name Lindsay	M.I. Y	Last Name/Organization Name McDonough		Amount of Contribution  \$1,000
Address 2135 Lyons Bend Rd.				
City Knoxville	State TN	Zip Code 37919		
Occupation retired				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS  (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				\$11,000



# ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity			2. REPORT COVERING THE PERIOD FROM: 10/26/14 TO: 1/15/15	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$11,000
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name Faith	M.I.	Last Name/Organization Name Young		Amount of Contribution  \$150
Address 1004 Tillman Dixon Hwy.				
City Dixon Springs	State TN	Zip Code 37057		
Occupation retired				
Employer				
First Name William	M.I. A	Last Name/Organization Name Hotz		Amount of Contribution  \$200
Address 1705 Cove Creek Lane				
City Knoxville	State TN	Zip Code 37919		
Occupation Best Effort Made				
Employer				
First Name Victoria	M.I.	Last Name/Organization Name Heil		Amount of Contribution  \$200
Address 6130 S. Mt. Juliet Rd.				
City Hermitage	State TN	Zip Code 37076		
Occupation retired				
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				\$11,550



## ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <b>Citizens for Fiscal Sanity</b>				2. REPORT COVERING THE PERIOD FROM: 10/26/14 TO: 1/15/15	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a single payee during the period, must be itemized.)					
First Name		Middle Name		Purpose of Expenditure	
Last Name/Business Name <b>Donately</b>				contribution processing	
Address <b>online</b>				\$171.24	
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	
Last Name/Business Name <b>PayPal</b>				contribution processing	
Address <b>online</b>				\$19.57	
City	State	Zip Code			
First Name <b>Ashley</b>		Middle Name		Purpose of Expenditure	
Last Name/Business Name <b>Dwire</b>				campaign organizer	
Address <b>2731 Roscommon Dr.</b>				\$1,800.00	
City <b>Murfreesboro</b>	State <b>TN</b>	Zip Code <b>37128</b>			
First Name <b>Brian</b>		Middle Name		Purpose of Expenditure	
Last Name/Business Name <b>Miller</b>				campaign director	
Address <b>26 Hillcrest Rd.</b>				\$8,055.00	
City <b>Waltham</b>	State <b>MA</b>	Zip Code <b>02451</b>			
First Name		Middle Name		Purpose of Expenditure	
Last Name/Business Name <b>Printing Etc.</b>				campaign supplies	
Address <b>1100 Menzler Lane</b>				\$3,651.23	
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37210</b>			
First Name		Middle Name		Purpose of Expenditure	
Last Name/Business Name <b>Tennessee Education Association</b>				robocalls	
Address <b>801 Second Ave., North</b>				\$1,914.82	
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37201</b>			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)					\$15,611.86

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity		2. REPORT COVERING THE PERIOD FROM: 10/26/14 TO: 1/15/15	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$15,611.86
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a single payee during the period, must be itemized.)			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		advertising	\$3,419.16
Last Name/Business Name Facebook			
Address			
City	State    Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		office supplies	\$10.91
Last Name/Business Name Office Depot			
Address			
City	State    Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		computer software & service	\$93.01
Last Name/Business Name Miller			
Address 26 Hillcrest Rd.			
City Waltham	State    Zip Code MA    02451		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		postage	\$19.60
Last Name/Business Name USPS			
Address			
City	State    Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		air travel reimbursement	\$80.00
Last Name/Business Name Miller			
Address			
City	State    Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State    Zip Code		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to Item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in Item 17b. of summary.)			\$19,234.54



## ITEMIZED STATEMENT OF LOANS - SMC

<b>1. NAME OF COMMITTEE</b> Citizens for Fiscal Sanity				<b>2. REPORT COVERING THE PERIOD</b> FROM: 10/26/14 TO: 1/15/15			
<b>3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN</b> (loans totaling more than \$100 owed to any person/business at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
<b>4. TOTALS</b> (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)							



## ITEMIZED STATEMENT OF OBLIGATIONS - SMC

<b>1. NAME OF COMMITTEE</b> Citizens for Fiscal Sanity				<b>2. REPORT COVERING THE PERIOD</b> FROM: 10/26/14 TO: 1/15/15			
<b>3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION</b> (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
<b>4. TOTALS</b> (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)							

